## **CIVIL COVER SHEET**

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

| ine civii docket sheet. (SEE hv.                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STRUCTIONS ON NEXT FACE                                                                 | z OF THIS FORM.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                 |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
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| I. (a) PLAINTIFFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         | County of Residence of First Listed Defendant  (IN U.S. PLAINTIFF CASES ONLY)  NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.  Attorneys (If Known)                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                 |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| (b) County of Residence (E.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | of First Listed Plaintiff  XCEPT IN U.S. PLAINTIFF CA                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                 |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| (c) Attorneys (Firm Name,                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address, and Telephone Numbe                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                 |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| II. BASIS OF JURISD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ICTION (Place an "X"                                                                    | in One Box Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | III. CITIZENSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OF PRINCIPA                                                                                                                                                                                     | AL PARTIES                                                                                                                   | (Place an "X" in One Box for Plaintiff,                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| ☐ 1 U.S. Government Plaintiff                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ 3 Federal Question (U.S. Government Not a Party)                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (For Diversity Case                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (For Diversity Cases Only) and One Box for Defendant)  PTF DEF  Citizen of This State $\square$ 1 $\square$ 1 Incorporated or Principal Place $\square$ 4 $\square$ 4 of Business In This State |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 2 U.S. Government<br>Defendant                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Citizen of Another State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Citizen or Subject of a Foreign Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>3 3</b>                                                                                                                                                                                      | Foreign Nation                                                                                                               | □ 6 □ 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| IV. NATURE OF SUIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         | Only) ORTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FORFEITURE/PEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ALTY DAN                                                                                                                                                                                        | NKRUPTCY                                                                                                                     | OTHER STATUTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 110 Insurance 120 Marine 130 Miller Act 140 Negotiable Instrument 150 Recovery of Overpayment & Enforcement of Judgment 151 Medicare Act 152 Recovery of Defaulted Student Loans (Excl. Veterans) 153 Recovery of Overpayment of Veteran's Benefits 160 Stockholders' Suits 190 Other Contract 195 Contract Product Liability 196 Franchise  REAL PROPERTY 210 Land Condemnation 220 Foreclosure 230 Rent Lease & Ejectment 240 Torts to Land 245 Tort Product Liability 290 All Other Real Property | PERSONAL INJURY  ☐ 310 Airplane ☐ 315 Airplane Product Liability ☐ 320 Assault, Libel & | PERSONAL INJUR  365 Personal Injury - Product Liability Product Liability  367 Health Care/ Pharmaceutical Personal Injury Product Liability  368 Asbestos Personal Injury Product Liability PERSONAL PROPER  370 Other Fraud  371 Truth in Lending  380 Other Personal Property Damage Product Liability  PRISONER PETITION  510 Motions to Vacat Sentence Habeas Corpus:  530 General  535 Death Penalty  540 Mandamus & Ott 550 Civil Rights  555 Prison Condition  560 Civil Detainee - | ACT   G25 Drug Related Sei of Property 21 U   G90 Other   G90 Other Labor Mailway Labor A   G90 Other Labor Litig   G90 Other Labor Litig   G91 Empl. Ret. Inc.   G90 Other Labor Litig   G91 Empl. Ret. Inc.   G91 Empl. Ret. I | 222 Appc     422 Appc     423 With   28 U                                                                                                                                                       | eal 28 USC 158 Idrawal JSC 157  RTY RIGHTS  yrights Int emark  LSECURITY  (1395ff) k Lung (923)  C/DIWW (405(g)) D Title XVI | □ 375 False Claims Art □ 400 State Reapportionment □ 410 Antitrust □ 430 Banks and Banking □ 450 Commerce □ 460 Deportation □ 470 Racketeer Influenced and Corrupt Organizations □ 480 Consumer Credit □ 490 Cable/Sat TV □ 850 Securities/Commodities/Exchange □ 890 Other Statutory Actions □ 891 Agricultural Acts □ 893 Environmental Matters □ 895 Freedom of Information Act □ 896 Arbitration □ 899 Administrative Procedure Act/Review or Appeal of Agency Decision □ 950 Constitutionality of State Statutes |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | an "X" in One Box Only)                                                                 | Conditions of Confinement                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 465 Other Immigration Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Transferred from                                                                                                                                                                                | T C M ICE                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ate Court                                                                               | Appellate Court                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 4 Reinstated or ☐ 5<br>Reopened  re filing (Do not cite jurisdic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | another district (specify)                                                                                                                                                                      | ☐ 6 Multidistr                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| VI. CAUSE OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | to ming (Do not cue jurisdic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nonai saiuies uniess t                                                                                                                                                                          | uversuy).                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| VII. REQUESTED IN CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | N DEMAND \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DEMAND \$ CHECK YES only if demanded in complaint:  JURY DEMAND: □ Yes □ No                                                                                                                     |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| VIII. RELATED CASE(S) IF ANY (See instructions): JUDGE                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DOCKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                 |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                         | SIGNATURE OF AT                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TORNEY OF RECORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                 |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| FOR OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                 |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| RECEIPT # AI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MOUNT                                                                                   | APPLYING IFP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ц                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | UDGE                                                                                                                                                                                            | MAG. JUI                                                                                                                     | DGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |

## INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44

## Authority For Civil Cover Sheet

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

- I. (a) Plaintiffs-Defendants. Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.
- (b) County of Residence. For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)
- (c) Attorneys. Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".
- **II. Jurisdiction**. The basis of jurisdiction is set forth under Rule 8(a), F.R.C.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.

United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.

United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.

Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.

Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; federal question actions take precedence over diversity cases.)

- **III. Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.
- **IV. Nature of Suit.** Place an "X" in the appropriate box. If the nature of suit cannot be determined, be sure the cause of action, in Section VI below, is sufficient to enable the deputy clerk or the statistical clerks in the Administrative Office to determine the nature of suit. If the cause fits more than one nature of suit, select the most definitive.
- V. Origin. Place an "X" in one of the seven boxes.

Original Proceedings. (1) Cases which originate in the United States district courts.

Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441. When the petition for removal is granted, check this box.

Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.

Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.

Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.

Multidistrict Litigation. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407. When this box is checked, do not check (5) above.

Appeal to District Judge from Magistrate Judgment. (7) Check this box for an appeal from a magistrate judge's decision.

VI. Cause of Action. Report the civil statute directly related to the cause of action and give a brief description of the cause. Do not cite jurisdictional statutes unless diversity.

Example:
U.S. Civil Statute: 47 USC 553
Brief Description: Unauthorized reception of cable service

VII. Requested in Complaint. Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.

Demand. In this space enter the dollar amount (in thousands of dollars) being demanded or indicate other demand such as a preliminary injunction.

Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.

VIII. Related Cases. This section of the JS 44 is used to reference related pending cases if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

Date and Attorney Signature. Date and sign the civil cover sheet.